CORNWALL COUNTY COUNCIL

(EDUCATION COMMITTEE)

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

1946

R. N. CURNOW, M.B., B.S., D.P.H.

OSCAR BLACKFORD, LTD., ROYAL PRINTERIES, TRURO.

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ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1946.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
TRURO.

August, 1947.

To the Chairman and Members of the Education Committee of the Cornwall County Council:

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present a report dealing with the School Medical Services for the year 1946.

Progress continued to be made with the development of the School Medical Services in accordance with the requirements of the Education Act, 1944. A comprehensive Hospital Service for the Cornish School children based on the voluntary Hospitals within the County and suitable Hospitals outside the County, can fairly claim to have become as comprehensive as circumstances have permitted. The Education Committee has been firm in its determination to provide every child in the County with the best possible available form of Hospital treatment by recognising the Specialist Departments established by various Hospitals, and by guiding children requiring Hospital treatment to the more substantial Hospitals where facilities for all forms of treatment are most adequate. Children requiring special forms of Hospital treatment not available within the County have been sent at great expense to special Hospital Centres elsewhere, so that every Cornish child for whom the Education Committee is responsible, has available to him the most skilled Hospital Service available in the country.

Developments have also occurred in the School Dental Service. General anaesthetics at certain selected Hospitals were made available for children requiring them for multiple extractions, and the first steps were taken in the development of a comprehensive Orthodontic Scheme for the correction of dental irregularities.

The provision of milk and canteen meals for school children in Cornwall continues to increase rapidly. Evidence is accumulating that, provided environmental hygiene receives the attenton it requires, the greatest single factor in preserving the health of the people is the standard of life which they are able to enjoy, with particular reference to the adequacy of their dietary. Improved nutrition causes a fall in the stillbirth rate, the infant mortality rate, the maternal mortality rate, and the death rates from certain infectious diseases. Similarly, the introduction and extension of a good canteen service for the children in the County has resulted in a definite steady improvement in their health, and is probably the greatest single factor of recent years in making the children of Cornwall more robust. It must, nevertheless, be recognised that this extension of communal feeding carries with it certain inherent risks in the spread of gastro-intestinal infections, the incidence of which has risen very markedly in the country as a whole during recent years. Close attention is therefore being paid to the general hygiene of school canteens in order to eliminate this risk of infection as far as possible.

The shortage of Special School accommodation for handicapped pupils continued to cause anxiety during the year, and every effort is being made to find premises suitable for conversion to Special School purposes.

Finally, I have to express my appreciation of the hard work and loyalty of the staff of the School Medical Department, and the co-operation which I have always received from the Secretary for Education and his staff, the teachers, and the various Voluntary bodies associated with the School Medical Services. I value most highly the sympathetic understanding consistently shown by the Chairman and members of the Committee in dealing with the many awkward and difficult problems which arise in the administration of this Service.

I am,

Your obedient Servant,

R. N. CURNOW.

School Medical Officer.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1946.

STAFF.

School Medical Officer:

R. N. CURNOW, M.B., B.S., D.P.H.

Deputy School Medical Officer:

E. R. HARGREAVES, M.B., B.Ch., D.P.H.
(Commenced 28.8.46).
E. C. H. HUDDY, M.D., D.P.H.
(Resigned 27.8.46).

Senior Assistant School Medical Officer:

J. A. CLARK, M.B., B.S., M.R.C.S., L.R.C.P.

Assistant School Medical Officers:

DOROTHY A. CHOWN, M.R.C.S., L.R.C.P.
MURIEL V. JOSCELYNE, M.B., Ch.B., D.P.H.
SHEILA LATTA, M.B., Ch.B.
WINIFRED M. RYAN, M.R.C.S., L.R.C.P.
P. J. FOX, M.B., Ch.B., D.P.H. (Commenced 18.9.46).
EUPHEMIA CARDWELL THOMAS. (Resigned 7.1.46).
Vacancy.

Senior Dental Surgeon:

K. BATTEN, L.D.S.

Assistant School Dental Surgeons:

W. HOLME ELLAM, B.D.S.
F. R. TAYLOR, L.D.S.
W. H. LYNE, L.D.S. (Part-time. Resigned 31.8.46).
R. G. TAYLOR, L.D.S. (Resigned 28.2.46).
P. W. EDDY, L.D.S. (Commenced 1.1.46).
E. TOWNEND, L.D.S. (Commenced 1.1.46).
W. K. BATTEN, L.D.S. (Commenced 18.2.46).
R. J. R. BAKER, L.D.S. (Commenced 18.6.46).
Vacancy.

Orthopaedic Surgeon:

W. W. RENTOUL, M.B., B.Ch. H., B.A.O. (Part time).

Ophthalmic Surgeon:

H. D. DRENNAN, M.B., B.Ch.H., B.A.O. (Part-time).

Ear, Nose and Throat Surgeons:

M. R. SHERIDAN, M.B., Ch.B., F.R.C.S.E., D.L.O. (Part-time).

T. M. BANHAM, M.D., D.L.O. (Part-time). (Deputy to Mr. Sheridan).

CHAS. H. C. BYRNE, M.B., B.S., M.R.C.S., L.R.C.P., D.L.O. (Part-time). (For Tonsil and Adenoid cases, North-east Cornwall).

R. HOWARTH, M.D., M.B., Ch.B., F.R.C.S., D.L.O. (Commenced 26.9.46). (For Tonsil and Adenoid cases, Launceston area, Part-time).

Speech Therapist:

Miss M. E. TIPPETT, L.C.S.T. (Commenced 14.11.46).

County Nursing Superintendent:

MISS A. WHITE.

Orthopaedic Sisters:

MISS C. W. RICE.
MISS MURRAY BORTON. (Commenced 3.6.46).
MISS F. E. PARSONS. (Commenced 1.4.46. Resigned 2.11.46).

Dental Attendants:

MRS. C. D. GOOD.
MISS E. M. KELLAWAY.
MISS R. P. ROWE.
MISS P. PARKYN. (Commenced 1.7.46).
MISS M. RAYMOND.
MRS. D. MCLEAN.
MRS. D. DONOVAN. (Resigned 26.8.46, recommenced 29.10.46).
MISS C. M. GRIFFITHS.
MISS B. BANFIELD. (Resigned 31.10.46).
MRS. H. M. BAWDEN. (Resigned 13.6.46).

STATISTICS.

Population	315,000	(estimated)
School Population ...	36,545.	
No. of Schools:		
Primary	339.	
Secondary Grammar ...	21.	
Modern ...	17.	
Nursery	1.	

Introduction.

The year 1946 has seen a continuation of the changes inaugurated by the passing of the Education Act, 1944, of which a beginning was made last year. The main changes under this Act involve:—

1. A change of the age groups for the routine medical inspections. This has been working satisfactorily, but some difficulty has been experienced in the case of children in Grammar schools who leave school at any time between the ages of 15 and 18. The importance of this leaving inspection is that it enables advice to be given as to the future vocation and employment of the child. An additional medical examination of pupils shortly after entry to secondary schools will be brought into use in 1947.

2. The making of arrangements for the provision of free medical treatment as defined by the Act for all children attending maintained Schools.

In carrying out this duty the Education Committee has recognised its responsibility for seeing that the best possible available medical treatment shall be provided for the children for whom they are responsible. General medical and surgical treatment in Hospitals has been limited almost entirely to those hospitals of sufficient size to provide for resident medical staff. Specialist treatment of children has been provided only at those

substantial hospitals maintaining special departments for the purpose. Arrangements have been made to send away to large hospital centres outside the County children requiring special treatment not available within the County. The only general exception to this system is that in cases of emergency where it would be contrary to the best interests of children to make them undertake a long journey, the Education Committee accepts financial responsibility for their treatment at the nearest available hospital until they are fit to pass on to a more comprehensive centre.

The financial aspect of free medical treatment has been to throw a considerable amount of extra work on the clerical staff to ensure that the hospitals concerned receive the payment which is due to them for the treatment of children attending maintained schools.

3. Under the new Act greater provision has to be made for all types of handicapped pupils to ensure that their education should be continued in special schools, either day or boarding, or with special facilities in ordinary schools and the needs of this Authority are now beginning to assume concrete form. Further remarks will be made on this in discussing the question of handicapped pupils later in this report.

THE MEDICAL SERVICE.

(a) Medical Inspections. The general health of the school children of Cornwall continues to be satisfactory and there have been no epidemics of a serious nature in the schools. A few cases of Diphtheria occurred in the autumn of the year in the Falmouth area, but the outbreak was energetically dealt with by local practitioners and Health Visitors by encouraging immunisation of the school population and it is satisfactory to note that in this area there are now nearly 100% of the children protected by recent immunisation.

A few cases of ringworm have occurred in the Launceston area and the treatment by X-rays has been satisfactory in ending this small outbreak. In this connection we have made use of the services of Dr. Walker of the London School of Hygiene and Tropical Medicine, to differentiate by microscopic and cultural methods the nature of the fungus which causes the ringworm. It is found that ringworm originating from cattle is usually amenable to simple local treatment, whereas the expensive and unsightly treatment by X-rays is reserved for cases showing the typical fungus of human origin. Such cases have been extremely difficult, if not impossible to eradicate by ordinary local applications.

(b) **Milk in Schools Scheme and School Canteens.**

Milk. The scheme, which has been running satisfactorily since 1944, whereby pasteurised or T.T. milk is available for as many school children as possible, was evolved with the co-operation of the County Dairy Organiser, Miss A. J. Nicholas, and has remained under her supervision. Although in the latter part of the year her services were transferred to the War Agriculture Committee, she has nevertheless continued to give us the greatest support and co-operation. The provision of straws continues to be difficult as they are still in short supply.

It is regretted that some schools are still unable to obtain suitable milk which we consider "' safe."

This year has seen the introduction of free milk in schools for all pupils and it is very satisfactory to note that this has been introduced as from September, 1946, without causing any undue difficulty. As a mark of the satisfactory nature of this service, practically the only complaint that has been heard has been from one or two parents who state that their children are unable to obtain two bottles of milk, which they had been able to do previously when milk was obtained on payment.

ELEMENTARY AND SECONDARY SCHOOLS.

December, 1946.

Type of Milk	No. of Suppliers.	No. of Schools.	No. of children taking milk in Oct. 1946.
T.T.	26	63	3,963
Accredited	27	39	2,337
Boiled	44	45	1,677
Pasteurised	20	207	19,279
Total	117	354	27,256

Schools without milk ... 6

Schools having dried milk ... 8

December 1945.

Type of Milk	No. of Suppliers.	No. of Schools.	No. of children taking milk in Oct. 1945.
T.T.	29	73	4,360
Accredited	21	35	1,644
Boiled	49	51	1,588
Pasteurised	26	199	15,225
Total	125	358	22,817

Schools or Departments without milk ... 9

December 1944.

Type of Milk	No. of Suppliers.	No. of Schools.	No. of children taking milk in Oct. 1944.
T.T.	24	69	4,554
Accredited	38	60	4,407
Boiled	57	62	2,516
Pasteurised	21	154	14,599
Total	140	345	26,076

Schools or Departments without milk ... 22

Canteens. The provision of canteens continues to be an urgent priority and canteens are being provided as rapidly as possible where suitable water and drainage supplies are available. There are now 124 canteens in operation providing cooking and dining facilities, in addition to 4 central kitchens. This represents an increase of 37 new canteens during the year and the average number of meals provided daily is now 15,500 as against 12,848 last year. The standard of cooking and cleanliness of these

canteens is all that can be desired and the children are given a variation of menus which render the meals supplied most attractive. The provision of a mid-day meal in school is without doubt a contribution to the education of children, in addition to securing their well being, and in these times of scarcity it must be a great relief to many parents to know that their children are able to obtain a substantial meal in the middle of the day. The keenness and enthusiasm of canteen workers continues to be excellent.

(c) Residential Schools for Difficult Evacuated children

The two Hostels for difficult children, namely Trevenson, Camborne, for boys, and Headlands, St. Ives, for girls, remained open during the year and from 1st April were maintained by Cornwall as part of the new Welfare Scheme for Residual Evacuees. Cornish children are accommodated in these hostels as well as residual evacuees. These hostels for difficult children fulfil a useful purpose in Cornwall and from previous experience the provision of such training is highly desirable as the recommendations of the Curtis Committee report are likely to become amplified in the future. These residential hostels, supervised by the County Welfare Officers, provide homes for maladjusted children who are difficult, if not impossible, to accommodate in private homes. It is hoped that a School Psychiatrist will be appointed shortly and there is no doubt that the number of maladjusted children to be ascertained is likely to increase as Child Guidance Clinics become established and better known throughout the County. It will be seen that such hostels are a necessary adjuvant to the work of Child Guidance Clinics. I repeat there is every indication that Headlands and Trevenson have a long period of useful service before them.

(d) School Clinics.

These Clinics provide the means of giving treatment to school children directly through the school health service

without calling on hospital services. They have maintained their useful function throughout the year. Premises have been difficult to obtain to extend these Clinics, but we have been fortunate in obtaining the co-operation of the authorities of Camborne Community Centre in allowing their excellent building to be used for some of our Clinics. This is in addition to the well established Clinics which are functioning at Penzance, St. Austell and Falmouth, where the premises enable clinics to be held for various specialities.

The number of Clinics is:—

(i) Eye Clinics	...	16.
(ii) Ear, Nose and Throat Clinics	...	9.
(iii) Orthopaedic Clinics	...	13.
(iv) Minor Ailment Clinics	...	15.
(v) Psychiatric Clinics	...	2.
(vi) Dental Clinics	...	7.

Eye Clinics.

These continue to be held in 16 towns and are conducted by Dr. Drennan, Dr. Ryan and Dr. Joscelyne and we are fortunate in being able to obtain the increased services of Dr. Drennan, who now does 7 of these Eye Clinics. The total number of cases seen was 1,629, compared with 1,860 in 1945 and 2,102 in 1944. This reduction, which has been progressive since 1944, is probably due to the reduction in the number of evacuees. It is noted that 133 children failed to keep appointments made for them to attend Clinics, as compared with 288 in the previous year. It is regretted that 134 refused treatment, preferring as a rule to obtain spectacles privately. A factor in these refusals to attend Clinics is that the type of spectacles provided is plain nickel and many parents are desirous of obtaining spectacle frames of superior appearance. The delay experienced by opticians in obtaining lenses continues and accounts for most of the 201 children who have not obtained the spectacles prescribed for them by the end of the year, as against 397 in 1945.

Ear, Nose & Throat Clinics, Tonsil and Adenoid Scheme.

These Clinics were in operation throughout the year and continue to be staffed by Mr. Sheridan, Mr. Banham and Mr. Byrne. In the latter part of the year a start was made at Launceston, where we have the assistance of Mr. R. Howarth, Ear, Nose and Throat Specialist from Plymouth, who is able now to conduct E.N.T. Clinics and perform operative treatment for tonsils and adenoids, thus obviating the long journey by train to Truro or Plymouth for such treatment. The School Medical Officers are devoting attention as to the causation of enlargement of the tonsils, as to whether the elimination of a local cause, such as dental or oral sepsis, bad housing conditions, etc. would cause the enlargement of the tonsils to disappear without the necessity of active operative treatment. In order to carry this out such children are kept under observation for a period and investigations into their environment are made with the assistance of the Health Visitors. It is thus hoped that some children may be spared the necessity of an unpleasant throat operation.

Orthopaedic Clinics.

These Clinics continue to be so very largely attended, to such an extent as to be crowded, that it was decided that minor defects should not attend Clinics as the Staff of Orthopaedic Sisters was not sufficient to deal with them satisfactorily. It is regretted that the provison of remedial exercises in schools for children with flat feet is still not provided, but it is hoped that this will be remedied early in the new year and a scheme drawn up whereby children with defects of slight flat feet and slightly defective posture will be dealt with by remedial exercises conducted in the schools under the supervision of the physical training organiser. There is no doubt that it is undesirable that Orthopaedic Clinics should be clogged with a large number of children with minor defects requiring only remedial exercises and making

it difficult to provide children with serious orthopaedic conditions with the care and attention which the severity of their cases deserves. In addition loss of time in travelling to and attending Orthopaedic Clinics deprives children of schooling which is hard to make up. The establishment of Orthopaedic Clinics includes four orthopaedic sisters, but for most of the year there has only been one sister available to do the work of these four. The services of a second sister were available for some months in 1946. It is hoped that additional appointments will be made in the near future as Orthopaedic Sisters become available, but there is great competition to obtain the services of these highly trained specialists as a consequence of the increased attention universally given to rehabilitation and the consequent demand for trained physio-therapists. We continue to be indebted to Sister Rice for her devotion to the service and her efforts to make up for the shortage of staff.

Minor Ailment Clinics.

These Clinics continue to function but the difficulty in obtaining premises has resulted in their decrease from 16 to 15 owing to the loss of the accommodation we previously had at St. Just. Efforts are being made to run a Minor Ailment Clinic in the school at St. Just, but the premises will require some structural alterations before they can be taken into use. The Health Visitors who supervise these Clinics continue to carry out treatment of the children which they could not otherwise obtain. Efforts have been made to obtain premises in Truro, so far without success but we are indebted to the Truro City Council for the use of their premises at Cardynham as a temporary measure. There is no doubt that the Health Visitors in the towns should have available the services of a Clinic where they can deal with the numerous school children who have minor disabilities, such as cuts, bruises, impetigo, etc.

The total attendances at these Clinics in 1946 were 12,981 and of these 2,238 were new cases.

Name of Clinic.	Number of individual children attending clinics during year.	Total number of attendances during year.
St. Austell ...	81	308
Bude ...	1	4
Calstock ...	302	1,378
Camborne ...	19	156
Falmouth ...	202	1,200
Hayle ...	41	723
St. Ives ...	60	325
Launceston ...	45	302
Liskeard ...	21	79
Mousehole ...	69	939
Penryn ...	797	4,225
Penzance ...	411	2,208
Redruth ...	103	715
Truro ...	64	251
Wadebridge ...	22	168
	2,238	12,981

The more important defects were:—

Ringworm	24
Scabies	62
Impetigo	302
Pediculosis	128
Other skin	69
Minor Eye	69
,, Ear	47
Miscellaneous	1,663

Psychiatric Clinics.

Two Clinics of a Psychiatric nature, under the supervision of Dr. S. Coleman, are held in Truro and Liskeard and continue to deal with psychiatric cases. The Child Guidance Clinic conducted by Dr. Gaussen and Dr. Enid Smith is a voluntary effort and has continued throughout the year and fills a want which indicates that a permanent Child Guidance Service should be established in Cornwall. Efforts are being made to obtain the services of a School Medical Officer with psychiatric experience who will be able to maintain the present Child Guidance Clinic at St. Austell and

extend the service to other towns in Cornwall.

We are greatly indebted to Dr. Gaussen and Dr. Enid Smith who have carried out this work on a voluntary basis with such great success for the last few years.

Appended is a report on the types of cases seen in these Clinics.

Child Guidance Clinic, 1st January—31st December, 1946.

Sessions held	19
New Cases	48
Total Attendances	165
Diagnosis of new cases (i) Maladjusted	24
(ii) Maladjusted (primarily) ... ... Educationally sub-normal Secondarily	10
(iii) Educationally sub-normal (primarily) Maladjusted	14
Recommendations for maladjusted pupils:	
(i) Special Educational treatment	
(a) Ordinary School	1
(b) Special School, day	—
(c) Special School, boarding	2
(d) Hostel for difficult children	5
(ii) No treatment advised at Clinic	9

Name, age, intelligence	Referred by: Reason for reference	Comments, Progress, Advice
L.B. 8½ I.Q. 73 Ret/Mal	Welfare Officer Truanting	A subnormal child transferred from foster home to hostel. Now improving both in social adjustment and in school work.
Y.B. 13½ Normal Intelligence Mal.	Mother, through Probation Officer. Irritability	This girl finds it difficult to accept a future stepfather.
P.B. 15 Int. Subnormal Ret/Mal	Probation Officer Depression	A mentally subnormal boy, protected by his grandmother. He lacked the courage to face life. Now working happily on a farm.
J.B. 8 Int. Normal Mal.	Welfare Officer Pilfering	Recently transferred to foster home from Institution. Own home bad. She is improving.

Name, age, intelligence	Referred by: Reason for reference	Comments, Progress, Advice
L.C. 13 I.Q. 97 Mal.	Court Stealing	Defective home discipline. Report sent to Court.
D.C. 13¾ I.Q. 113 Mal.	Court Homosexual Offences	A nervous boy, with no irreversible sex perversion. He has improved under treatment, which will be continued. Report sent to Court.
B.F. 10 I.Q. 101 Mal.	Court Stealing	A frightened boy from an undesirable home. Home to be investigated. Report sent to Court.
D.C. 14 I.Q. 105 Mal.	H.M. of School Lack of interest	Difficult home situation. Under treatment. Report given to H.M.
R.D. 13 I.Q. 113	Aunt through Probation Officer Tiresome ways	Girl was transferred at 12 from slovenly home to orderly one, and finds it difficult to make the necessary adjustments. Improving.
D.E. I.Q. 77 Mal/Ret	S.M.O. Schizoid traits	Transferred from Hastings C.G. Clinic where he was treated for homosexual and schizoid traits. Greatly improved. Now working on farm, though this may not prove final solution of the problem.
A.F. 7 I.Q. 82 Ret/Mal	S.M. Department Truancy	A backward boy, difficult to manage in his grandmother's home. Father advised. Case will be watched.
M.F. 13 Normal Int. Mal.	Med. Attendant Night terrors	The accidental death of a man she knew gave her a fear of her mother's death.
P.H. 11 I.Q. 76 Ret/Mal	Court Series of thefts	A problem to the police since the age of 4. This boy complains of headache and double vision when tired. Vision 6/6. Report sent to Court. Change of environment advised. Boy home on probation after stay in Remand Home. To attend clinic.
D.H. 14¾ Int. subnormal Mal/Ret	Court Thefts	The eldest of the family, this boy has been disturbed by his mother's conduct during his father's absence, and by the father's depression on return from war service. Report sent to Court. To continue treatment.
P.H. 11½ Subnormal Int. Ret/Mal	Probation Officer Thefts	Home environment bad. Report given to probation officer.

M.H. 12 I.Q. 109 Mal.	H.M. of School Stealing	Under treatment. Good contact made.
D.H. 9 Normal Int. Mal.	Medical Attendant Tics, enuresis	Advice given to parents and report sent to doctor.
E.L. 5¾ High Grade M.D. Rct.	Grandfather Mental defect	Advice given to parents. Child's progress to be watched.
J.O. 8 Normal Int. Mal.	Medical Attendant Apparent lack of affection	An adopted child who has found it difficult to adjust herself to the change. Advice given to mother. Improvement reported.
L.O. 12 Subnormal Rct. (Organic) Mal.	Matron at The Grove at suggestion of doctor Choreiform movements	Child suffers from the effects of a severe illness 2 years ago. Choreiform movements persist. Emotional state abnormal. Fatuous laugh. Noticeable mental deterioration: too unstable to test. Reports sent to medical attendants and S.M.O.
P.S. 16 Subnormal Mal/Ret	Welfare Officer Exhibitionism	Seen by Dr. Gaussen in 1944. Mentally subnormal and without anchorage to any home, she has failed to settle in any employment, and is oversexed. Another situation has been found for her near Headlands
Name, age, intelligence	Referred by: Reason for reference	Comments, Progress, Advice
S.T. Normal Int. Mal.	H.M. of School Truanting	This girl is unhappy at school and has played truant with a companion. Advice given to H.M. Girl to attend clinic.
W. E. 15 I.Q. 78 Mal/Ret	Probation Officer Sexual Offences	Seen & tested at Remand Home as emergency measure during vacation. Report sent to Court.
A.W. 8 Superior Int. Mal.	Mother Excitability	A difficult domestic situation. Both parents need help.
J.V. 13 I.Q. (matrix) 63 equiv. to 126	H.M. of School Extreme self-consciousness	Under treatment. Little progress yet made.
F.W. 7¾ I.Q. 67	Welfare Officer Restlessness, Lying	A subnormal child at Headlands. Report given.

OLD CASES

J.A.	Improving.
D.B.	Improved in reading. Still aggressive at home.
D.B.	Doing well.
R.B.	Relapsed. Gone to a Nautical Training School.
M.C.	Still at The Grove. Much improved.
K.E.	Improving greatly.

M.G.	Sexual curiosity and exhibitionism make this child a problem in a Home for Girls. A transfer is necessary.
R.K.	Improved except for enuresis. Doing well at employment.
V.M.	Improved at Trevenson.
C.P.	Much improved at Trevenson.
G.P.	Much improved at The Grove.
M.S.	Much improved.
R.S.	Improved, then relapsed. Now reported better. Some defect of intelligence probable (not attended clinic).
V.T.	Much improved at The Grove. It is a pity this girl has to return to her dismal home.
H.T.	Improved and went back to school. Now absent again with headaches. Under own medical attendant at present.
G.W.	Improved, but relapsed. Last reports are better, but he must leave his grandmother's home and enter a nautical school. Refused last appointment at clinic

NOTE.

Ret. indicates backwardness in school work or mental defect.

Mal. indicates maladjustment.

It is not always possible to ascertain whether defect or maladjustment is primary.

Dental Clinics.

See Report of Senior Dental Officer.

(e) Cleanliness.

At the regular monthly inspections of children by the Nurses 226,374 inspections were made, and those found unclean amounted to 2,455, which is 588 less than last year. This is a welcome reduction but there are still too many children found repeatedly with dirty heads and most of these come from a small residue in which are included the " problem " families referred to in other parts of this report. Under present circumstances it is almost impossible to eradicate this residue of chronically unclean children who continue to be a danger in that they are liable to spread pediculosis to children from good homes, notwithstanding the care of the parents as to cleanliness. No panacea has yet been discovered to ensure a hundred per cent cleanliness in schools and we are still dependent on lethane as an adjuvant of soap and water. D.D.T. has not yet been found a practical proposition but may become so in time.

(f) Scabies.

This continues to diminish and is now not a condition

which causes us any anxiety. Only sporadic cases have occurred.

(g) Following-up by nurses.

This work is performed most conscientiously by the nurses, and every effort is made by them to ensure that the necessary treatment is being carried out. It is satisfactory to note that the total number of cases of contagious disease is substantially less than in 1945.

(h) Handicapped pupils.

In dealing with Handicapped pupils two outlooks are involved. Firstly, ascertainment and secondly, disposal. Up to date the former has been accurately carried out by the School Health Service and the numbers of handicapped pupils in Cornwall have been ascertained as set forth in the appended tables and represent the exact state of affairs as far as Cornwall is concerned. The second question, that is the disposal of these handicapped pupils is more difficult to carry out and this matter still continues to exercise the minds of the Education Committee as well as the Ministry of Education.

Of the eleven categories into which handicapped pupils are divided two categories are outstanding in that there is difficulty in providing for the disposal of children in these categories, namely educationally sub-normal and physically handicapped children and further remarks will be made later as to the difficulties which are now being tackled. I propose, therefore, to review the ascertainment and disposal of children in these individual categories as follows:—

1. and 2. Blind and Partially Sighted.

In the disposal of these children we are able to make use of the schools at Exeter and Bristol and nearly all our children in the category "blind" are now in special schools.

3. and 4. Deaf and partially Deaf.

Similarly, these children are able to go to the Royal

West of England School for the Deaf at Exeter. It is hoped that in the near future a department will be opened in this school for Infants.

During the year the attention of the medical profession has been drawn to children being born deaf following an attack of German measles in the mother during the early months of pregnancy. The last occasion when German measles occurred in an epidemic form was in the spring of 1940 and it has been found that about a quarter of the children in the category " deaf " were born in that year. Further attention is being devoted to this subject although it is difficult to understand the connection between such an apparently mild disease in adults and such serious defects in the children, and to know what steps can be taken to protect the mother during pregnancy from contracting such a disease which is often regarded as a mere triviality. The attention of Health Visitors has been drawn to this problem and a suitable question incorporated into the questionnaire of the child welfare birth enquiry card. In addition to deafness it is considered that there is a possibility that German measles in the pregnant mother may be responsible for other physical and mental defects.

Hearing Aids. A set of auricles has been obtained and is issued to partially deaf children for use in schools, but the supply of electrical hearing aids is not likely to be available until the new National Health Act comes into force.

5. Delicate

The definition of this category includes those children who by reason of impaired physical condition cannot, without risk to their health, be educated under the normal regime in ordinary schools. A glance at the figures will show that the number in this category is the largest of all the categories and totals 546. These are children who have been diagnosed by School Doctors as having some physical condition which precludes them from taking part

in the full activities of an ordinary school. In some cases the disability is so slight that it involves only very slight modification in ordinary school education, such as excused physical training, extra milk, etc. It might be said that a number of these children should not be regarded as really handicapped but it is felt that a child who has a disability diagnosed by a Doctor as a regular medical entity and requiring regular medical observation should be included in this category although the disability may not be obvious to the untrained eye. Many of these children should pass through school life without difficulty, but later in life would not be marked grade ' A ' when called up for National Service. Many children in the category " delicate " are suitable for Open Air Schools, but in a County like Cornwall the necessity for such schools is not so great as in towns and therefore no provision for Open Air Schools has been made on a large scale for these children. A stay in a Convalescent Home for a short period is desirable in some of these cases.

6. Diabetic

No child is put in this category unless he requires residential treatment away from home, and although we know of 8 Cornish children who suffer from diabetes all these children are being cared for in their own homes and therefore are not educationally regarded as diabetic. Under the modern treatment of diabetes the treatment can be carried out while the child is attending school and 7 of these 8 children are regularly attending school from their homes.

7. Epileptic

In this category are placed children who by reason of epilepsy cannot be educated in ordinary schools and require education in a special school. With regard to the disposal of children with serious epilepsy, vacancies in epileptic colonies are hard to come by, the demand for vacancies being greater than the vacancies which occur.

We are thus only enabled to get about half of our cases of severe epilepsy into Epileptic Colonies. In addition to the number actually placed in this category, namely nine, there are 37 children who have epilepsy either of a minor character, or in whom fits only occur at night, who can with safety attend ordinary schools without detriment to themselves or the other pupils. These children with minor epilepsy are included in the category "delicate" and remain continually under observation by School Doctors annually. Care is taken that when these children leave school suitable recommendations are forwarded to the Ministry of Labour as to the form of employment they should take up, and if necessary they are recommended for placing on the Disabled Juveniles Register.

8. Maladjusted.

These are children who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social and educational re-adjustment. This is a new category and ascertainment of these maladjusted children is only now beginning to be undertaken and we are dependent on the help of the voluntary Child Guidance Clinic in ascertaining their numbers. In future years with the greater attention being given by Psychiatrists and Psychologists to this subject a greater number of children will be dealt with under this category. There is a tendency to include dull and backward children who are not progressing satisfactorily at school in this category but it is important to point out that maladjustment is of an emotional or psychological nature and is not necessarily a concomitant of backwardness, although there are a number of children who are both maladjusted and educationally sub-normal. In the disposal of these maladjusted children we are enabled to provide the necessary treatment for some of them in the two Hostels, Trevenson, Camborne, and Headlands, Carbis Bay, provided for difficult children, and a stay in these Hostels is of great benefit to these children.

9. Physically Handicapped.

This category includes children who by disease or crippling defect cannot be educated in an ordinary school and therefore provision has to be made for accommodation of a residential nature. Such accommodation is very difficult to obtain and we have only been able to obtain 18 vacancies in Residential Institutions for the 54 children we have ascertained to be in this category. As regards the future, the new Health Service Act envisages the formation of Hospital Schools which would accommodate these diseased or crippled children requiring long term treatment. Until concrete proposals have been made under the new Act it would be unwise to ask for further provision to be made for these cases. However, it is a subject to which the Ministry has given great attention and their proposal is that Cornwall should establish a School for 60—80 children whose active treatment in Orthopaedic or other Hospital is completed and who require supervision for a considerable period.

There is one type of physically handicapped child to whom great attention has been given lately, namely children suffering from spastic diplegia and our conceptions of this condition are undergoing a change as a result of researches undertaken in America on this subject. A school specially for these spastic cases has been established at Croydon and it is hoped that some of our (27) spastic cases in Cornwall will be able to be treated there. This disease has long been regarded as one in which there is very little likelihood of any improvement, but the American figures of successes obtained lead us to hope that a great improvement can be made in the outlook of these unfortunate children.

10. Speech Defect.

This is a new category and includes children who stammer, are aphasic (loss of speech) or have a defect of voice or articulation. We are fortunate in having been able to obtain the services of a fully qualified Speech Therapist (Miss M. E. Tippett,L.C.S.T.), who began work in Cornwall on 15th November, 1946, and in this short time has ascertained

and begun to treat 42 cases of speech defects (the majority being stammerers) and this number is growing. Clinics are being held every week in Falmouth, Penzance, Liskeard, St. Austell, Camborne and Truro.

11. Educationally Sub-normal pupils.

This category is one which forms for us the greatest problem of all Handicapped pupils and the group includes a wide range of children varying from those who are only slightly retarded in a mild degree and can remain in ordinary schools, to those who, having a greater defect, require to be withdrawn from ordinary schools to be educated in special schools. The problem, as before stated, falls under two headings, ascertainment and disposal. As regards the former, the ascertainment of these children in Cornwall continues to be carried out with accuracy and it is the disposal of these children which causes great concern, as out of 227 children ascertained to require special residential school accommodation, vacancies have only been obtained for 14 such cases. To provide residential accommodation for these children is therefore a matter of urgent necessity and this matter continues to be a prime anxiety of the Education Committee. On the recommendation of the Ministry of Education that Cornwall should provide a special school for at least 120 children and that a start be made as soon as possible in obtaining suitable premises, several country houses have been looked at with a view to establishing a special school. It is regretted that the owners were unwilling to part with the only suitable house seen so far. Further inspections of houses are going on at present, so far without success.

As regards the large number, approximately 9% of the child population of Cornwall, who are educationally subnormal to the extent of being retarded or dull and backward and who can be educated in ordinary schools with special classes and special teachers, a start has been made in the East Cornwall area by a special investigation by Dr. Ryan into the numbers of these children, and out of a child popula-

tion of 5,000 in that area there have been found to be 456 children who are so educationally sub-normal as to require special educational treatment. That is, roughly 9% of the total children, would require such treatment, a figure which agrees with that which has been found over the rest of England. In a rural area like Cornwall, where these children are scattered in numerous small schools the numbers occurring in individual schools are not sufficient to warrant special classes, or a special teacher being provided, and it is not yet decided whether it is feasible to collect these children into centres where such classes could be held or have peripatetic teachers. It is ascertained that only a quarter of the Cornish schools (i.e. about 75) would have 10 or more educationally sub-normal children warranting the provision of a special teacher to teach them. This investigation, when completed, should provide the basis of a scheme that could be adopted throughout Cornwall and will give an indication of the number of specially trained teachers likely to be necessary to carry on the education of these children.

HANDICAPPED PUPILS.

TABLE I.

Category	Ascertained to require Special Residential School.	Ascertained to require special educational treatment in ordinary school.	TOTAL.	POSITION AT END OF YEAR, 1946. Now in Special School.	Now in Ordinary School.	Now in Independent School	Not in any School.	TOTAL.
(a) Blind	10	—	10	8	—	1	1	10
(b) Partially-sighted	20	6	26	13	13	—	—	26
(c) Deaf	21	—	21	12	3	—	6	21
(d) Partially deaf	11	2	13	2	9	—	2 /	13
(e) Delicate	24	522	546	6	531	—	9	546
(f) Diabetic	—	—	—	—	—	—	—	—
(g) Educationally sub-normal	227	145	372	14	353	4	1	372
(h) Epileptic	9	—	9	4	—	1	4	9
(i) Maladjusted	— See Child Guidance Report —			—	—	—	—	—
(j) Physically handicapped	54	—	54	18	23	1	12	54
(k) Speech defect	—	42	42	—	42	—	—	42
Multiple Defects	7	—	7	1	1	—	5	7
TOTAL	383	717	1100	78	975	7	40	1100

Notes on Table I:—

(1) 1 Blind child at home awaiting vacancy in Special School (parents' consent), and 1 child attending Private School while awaiting admission to Blind School.

(2) 6 Deaf children at home awaiting vacancies in Special School.

(3) 2 Epileptic children discharged from Colony aged 16 — 4 Epileptic children refused offer of special school.

(4) Seven multiple defects are combinations of two or more of above defects.

TABLE II.

Category	Recommended for Special School in 1946.	Admitted to Special School in 1946.
Blind ...	—	—
Partially Sighted ...	2	4
Deaf ...	2	3
Partially Deaf ...	—	—
Educationally sub-normal	13	1
Epileptic ...	—	—
Physically Handicapped	4	4
TOTAL ...	21	12

TABLE III.

Number of children notified in 1946 to the Mental Deficiency Acts Committee as ineducable and therefore excluded from School (Education Act, 1944, Sec. 57 (3) ... 18

Number of children notified in 1946 to the Mental Deficiency Acts Committee as requiring supervision on leaving School, or Special School (Education Act 1944 Sec. 57 (5) ... 3

(i) Tuberculosis.

The County Tuberculosis Officer gives the following information.

The notification received between the ages of 5 and 16 were:—

	1945.	1946.
Pulmonary	12	5
Non Pulmonary	10	6
*Patients admitted to Tehidy Sanatorium		
Pulmonary	2	6
Non Pulmonary	5	5
Patients discharged from Tehidy Sanatorium		
Pulmonary	2	1
Non Pulmonary	10	7
Patients admitted to Orthopaedic Hospitals	8	9
Patients discharged from Orthopaedic Hospitals	7	6

*Some admitted for observation and as a preventive measure. Some discharged as non-pulmonary.

These figures small in number nevertheless show an appreciable drop in notifications from those in 1945.

(j) Infectious Diseases.

The epidemic of measles which produced 3947 cases in 1945 has ceased and there were only 270 cases notified in 1946. The number of whooping cough cases rose slightly from 473 in 1945 to 550 in 1946. The number of cases admitted to the County Isolation Hospital for diphtheria has remained very stationary for the last 3 years and 73 cases were admitted in 1946, about half of these being adults. This reflects satisfactorily on the diphtheria immunisation campaign, in immunising large numbers of children who otherwise would probably have contracted the infection.

It is important to stress the continuation of the immunisation campaign so that ultimately both the adult and child population will be suitably protected.

Conclusion.

This year has seen the issue of the report by the Care of Children Committee (Curtis Committee) and this is a problem which has for a long time affected Cornwall. The care of these deprived children has in the past, included medical inspection by School Medical Officers at regular intervals of all children who are boarded out in private homes or hostels, as well as children in Public Assistance Children's Homes. Owing to the number of Committees responsible e.g. Education, Public Assistance, Health, etc., there has been no uniform system of medical supervision and pending the implementation of the Curtis Committee's recommendation of one annual medical inspection, it is proposed that all children shall continue to be medically inspected by School Medical Officers in a uniform manner twice yearly. It may be said that during the last few years since medical inspections were initiated it has been found that children boarded-out by the various Committees in Cornwall have been provided with homes where, as a rule, loving care and attention have been devoted to the children and the health of these children has not been affected by

being so boarded-out, and in many cases has been found to improve.

The number of such deprived children is not likely to fall as there continues to be a large number of problem families where the children are compelled to live in circumstances involving great hardship and deprivation. We are indebted to the N.S.P.C.C. Inspectors who have rendered us great assistance in bringing to light such children, who by cruelty, desertion, etc., are deprived of the privileges of a home. The number of cases of delinquent children referred by Juvenile Court for child guidance appears to be on the increase and very often these children come from problem homes.

An investigation has been begun by the School Medical Officers as to the present day incidence of enlargement of the thyroid gland (goitre) in school children to ascertain, to what extent, the conditions which existed when a survey took place in Cornwall 20 years ago, still exist. At that time (20 years ago) certain parts of Cornwall (e.g. the Clay district) were found to have a considerable sprinkling of such cases, up to 30% of the girls in some of the lesser towns being affected. Preliminary investigations have now revealed that this number has considerably decreased and further investigation is going on which it is hoped will show that the condition is now of little consequence. It is hoped that some light will be thrown on the subject as to the reasons why this incidence has so markedly diminished, whether it is due to the improvement in the water supplies and sanitation or to some other cause affecting the supply of iodine and fluorine in those areas. This investigation is still continuing and a further report will be made next year.

REPORTS BY ASSISTANT SCHOOL MEDICAL OFFICERS.

The following notes on the Service in general are extracted from the Reports of the Assistant School Medical Officers:—

1. Dr. D. Chown: Penzance and Helston District.

"During the past year a survey has been made of school buildings, with attention to lighting, heating, ventilation, sanitation and washing facilities.

On the whole the physical condition of the children remains good, and parents in the past few years have become almost too health conscious. Parents turn up well for medical inspections and show the greatest interest.

Canteens.

Apart from their feeding value, the canteens offer an opportunity for training in table manners and for educating the child to eat what is put before it.

The appointment of a speech therapist fills a great need, and the prospect of child guidance clinics throughout the County holds out hopes for the future of less delinquency and fewer maladjusted adults."

2. Dr. S. Latta: Mid Cornwall District.

"For a year now we have been carrying out the Routine Age Group Examinations at the school medical inspections. This thorough examination of entrants and other age groups has proved to be a distinct advantage over the old "rapid surveys" in the primary schools.

Most of the Handicapped, including the Educationally Sub-normal, children, have now been ascertained and reported on the appropriate Ministry of Education Forms. It will, of course, be some time before accommodation is available for many of those pupils who require special residential treatment.

The general health of the school children has been good and apart from a slight outbreak of diphtheria in Falmouth, there have been no epidemics of note. Fewer cases of scabies and impetigo have been seen during the past year, but the incidence of verminous heads is still too high. Fewer cases of tonsils and adenoids have been

referred for operation, conservative treatment being given a trial in suitable cases. Cases of otorrhoea present rather a difficulty with regard to daily treatment. It is not easy to get the parent to co-operate in the regular cleaning and drying of the ear.

A good many cases of asthma, with or without prurigo are still to be seen. Some of these children lose a great deal of school time. The Minor Ailment Clinics at Falmouth and St. Austell have been dealing satisfactorily with the lesser complaints. These clinics are a great convenience for school children in the district.

Canteen dinners continue to be a great asset and a great many children are taking advantage of the hot meal provided. I would like to see still more children taking school milk. Too many schools still receive their milk supply in bulk; there is need for the greater use of bottles and straws.

Redecoration of school premises is going on slowly and several of the schools are now looking clean and fresh: others, however, are in urgent need of new paint—no doubt their turn will come in due course."

3. Dr. W. Ryan: East Cornwall District.

" The return of the Routine Group Examinations in place of the Rapid Survey System is appreciated by both teachers and parents. Naturally the inspection takes much longer to perform as a high percentage of parents turn up, who wish to discuss their various problems connected with their children. It is a great help to the examining doctor to have parents present and in this way often much useful information can be obtained, which would not be the case otherwise. The lack of sufficient or suitable accommodation in many of the schools, for comprehensive medical inspection makes the inclusion of parents an added difficulty. It is hoped that in the new schools that are to be built suitable provision will be made for medical inspection and dental treatment.

Children's Health.

This continues to improve as more school canteens are added. At the few remaining schools without a canteen or mobile canteen, the standard of health is not nearly so good. The daily diet of pasties, etc., result in pale flabby children, lacking in physical energy and mental alertness.

In general, the children appear to be better clothed than formerly, doubtless because of more money coming into the homes in many cases.

It is desirable, whenever possible, to provide transport for weakly children living a long distance from school. They arrive too tired to benefit properly from their lessons and their general health has little chance to improve under these conditions.

Boarded-Out Children in Schools.

Useful information in connection with the well-being of these children can often be given by the class teachers—a useful supplement to the home visits and medical inspection at school.

Physical Training in Schools.

The proposed new arrangements for Remedial Exercises in the schools for minor orthopaedic conditions such as mild degrees of flat feet and postural defects should help considerably to lessen the prevalence of these conditions and stop the overcrowding of the orthopaedic clinics. Children and parents are too apt to stress this disability and to ask for clinic treatment. It should now be possible to offer this alternative treatment and to make the children less foot-conscious in later years.

Postural defects are very common and should certainly receive treatment. The suggested remedial exercises at school should prove adequate for this. I have felt that insufficient attention was directed to this defect in physical training in the Cornish schools. The majority of the schools have no indoor accommodation for physical training and the

very exposed playgrounds of some of the schools make physical training in inclement weather a liability rather than an asset, and it is hoped that suitable indoor accommodation for this i.e. a large central hall, will be available in the new schools, so that physical training is possible whatever the weather.

Uncleanliness.

A few persistent bad cases still continue in spite of the untiring efforts of the school nurses.

Scabies still continue in a mild way: I have seen no bad cases this year.

The urgent need for places in special schools for educationally sub-normal children becomes more acute. It is rare to visit a school without having several of these children presented as "specials" and teachers are disheartened that nothing has been done to ease their burdens in having to cope with them in over-large classes and because the children themselves are not receiving suitable education.

The number of retarded children of all grades, at present in ordinary classes, is a considerable problem with which to deal."

4. Dr. P. J. Fox: North Cornwall District.

The types of school visited ranged from remote rural schools, with from 12 to 25 pupils on the register up to large urban schools, with from 150 to 200 pupils attending. Bude-Stratton Secondary Modern School is at present the only example in the area of the type of Senior School, which is planned as an integral part of the future educational system.

Topography.

The North Cornwall Area though large, in extent, is relatively thinly populated, consisting as it does of big tracts of moorland and farming country with few towns, and none of those exceeding some 5000—6000 in popula-

tion. It is not surprising therefore to find that moderate sized or small rural schools predominate, and that pupils attending these schools are accustomed to covering considerable distances on foot over rough roads, and field tracks in all weathers to reach school. This latter factor is responsible for a good deal of irregularity in attendance, more especially in the younger age groups, and in those children with delicate constitutions or physical defect.

General Health of School Children.

The general standard of health has been satisfactory, and no gross defect or group of defects has been especially in evidence. If one or two hasty impressions may be permitted, one would say that:—

(1) Children attending rural schools are sturdier, and have better teeth than children in towns.

(2) Children attending rural schools though apparently mentally less alert, appear to be more psychologically stable and have pleasanter manners than the town child.

Cleanliness.

Satisfactory on the whole. Frankly verminous children are few and far between. As might be expected in a rural area, where washing and bathing facilities are lacking in homes, bodily cleanliness could be much better.

Nutrition.

Generally satisfactory. In only one or two cases could malnutrition be said to be due to neglect or culpable mismanagement in the home. It is believed that school milk, and the hot school meal at mid-day have been a great help in maintaining and improving the nutritional state of children.

Nose and Throat.

It was not found necessary to recommend radical treatment of enlarged tonsils and adenoids in many cases, and

in fact only those children, who were obviously suffering general ill health in the shape of frequent colds, and sore throats and were "doing badly" were sent forward to the ENT Specialist for expert advice. In this connection it is well to emphasise, that in such cases the School Medical Officer must largely base his decision on the history furnished by the parent, or the family physician, rather than on the scanty clinical evidence obtained by an isolated examination of the child.

Hearing.

Defects of hearing, and diseases of the ear are remarkably uncommon amongst school children in the area.

Vision.

Defects of vision do not appear to have an unduly high incidence. It is a defect in which supervision by the parent is essential if good results are to be achieved. Too many parents are apt to make vague complaints about children's eyesight, without at the same time being prepared to make the effort to ensure that their children do wear the glasses provided. One hesitates to think of the numbers of glasses, which lie in cupboards and on shelves unused. This is particularly the case in minor errors of refraction, where the correction prescribed is small. It is difficult enough to get the average child to wear glasses, even where a relatively large error exists. In minor errors where the difference between wearing glasses, and being without them is insignificant, it is felt that provision of glasses is rarely called for.

Speech.

Relatively few instances of really defective speech have been encountered, and in most cases valuable work in the correction of these is being carried out by school teachers. A certain number have been referred to the Speech Therapist.

Heart.

A moderately large number of murmurs have been encountered, but of these a very small proportion have been associated with general signs of serious disease or failure of function. Many of these minor heart lesions are most probably due to unrecognised attacks of subclinical rheumatic infection, the "growing pains" of childhood.

Lungs.

Apart from a small number of cases of asthma (usually associated with chronic bronchitis, and eczematous dermatitis), nothing of note has been encountered.

Abdomen.

Very occasional umbilical, and inguinal hernias have been seen.

Genito-Urinary.

Nothing special to report.

Mental and Psychological Disorders.

Whilst the number of difficult, mentally deficient, or borderline cases seen has been small, the same cannot be said of children displaying a degree of mental retardation which designates them as "Dull and Backward." There are few, if any schools in the area, which cannot show one or more of these children. Some of them are relatively ineducable in an ordinary class, and are a source of worry and annoyance to the conscientious teacher. With special schools and classes there is no doubt that many of them could be trained to become relatively useful members of the community. As it is, the best that can be said of them, is that they form a useful source of unskilled labour—particularly in rural areas, where they are content to remain as "hewers of wood, and drawers of water."

No psychologically unstable children have been encountered, though it is probable that with greater familiarity

with schools in the area, cases of neurotic or maladjusted children will be seen.

Orthopaedic Disorders.

It is felt that more could be done for minor defects by daily remedial exercises carried out at school, than by the sporadic carrying out of these exercises during the bi-monthly visits to the Orthopaedic Clinic. Major orthopaedic defects have been relatively uncommon, and are adequately dealt with by the Orthopaedic Clinic.

School Meals.

The great majority of schools now provide a substantial hot mid-day meal for pupils. Over, and above the obvious physical benefit to the children's nutritional state, the serving of a meal under conditions of discipline, and cleanliness can, and does give valuable social training to those children who come from badly-run, overcrowded homes, where meals are more often eaten "on the run" rather than in the more normal, civilised manner seated at a table.

School Premises.

As might be expected in a largely rural, thinly populated area, schools are small, and school premises are, with a few exceptions, ineffectively housed, and out of date by modern standards. Heating, which is barely adequate in milder weather, is such, that in cold spells, no really effective school work can be carried out. Cloakrooms are almost universally without heating, and therefore unable to deal with the mass of wet outer garments, which they have to accommodate on wet winter days.

Summary.

1. General health of school children has been satisfactory.
2. Provision of school meals is a considerable help in maintaining a satisfactory state of nutrition.
3. School premises are on the whole old-fashioned, and out of date."

ANNUAL DENTAL REPORT OF INSPECTION AND TREATMENT CARRIED OUT FOR PRIMARY AND SECONDARY COUNCIL SCHOOL CHILDREN DURING 1946.

During this year 22,588 children received routine dental inspection; of these 15,074 were found to require treatment. 8,613 children were treated and made 11,650 attendances. 9,474 fillings were inserted in permanent teeth, and 2,347 in temporary ones. 1,298 permanent teeth were extracted, many for orthodontic reasons to reduce irregularities of the teeth. 7,462 temporary teeth were extracted.

5,765 other operations of permanent nature were carried out. These include scaling and polishing teeth, gingevectomy and other gum treatments, resections of fraenum, immediate regulation of teeth, root fillings, pulp extirpation, pulp cappings and dressings. The polishing of fillings has not, over a portion of this year, been included as in previous years, because it is felt that such a procedure is simply a completion of the operation of filling, so it is recorded elsewhere.

1,910 other operations have been carried out in temporary teeth; this generally comprises treating these teeth with silver nitrate after rendering cavities non-retentive in cases where it is policy not to extract them although decay is too advanced to allow them being filled.

The Orthodontic scheme has come into operation during the year, 47 children have been treated with appliances of a removable nature, and six with the fixed type. This type of treatment has been restricted so that ordinary inspection and treatment shall not be interfered with to any great extent.

79 children have had extractions completed under General Anaesthesia.

A certain amount of disorganisation of the dental scheme has been experienced during this year, and resulted in fewer children receiving dental inspection than in the

previous year; also fewer permanent teeth have been filled but this latter is offset in that a larger number of temporary teeth have been filled this year and no orthodontic treatment or general anaesthetics were given previously.

Under the Education Act, 1944, it is necessary to invite parents to attend at a child's first dental inspection. Although this causes more time to be spent on each individual child, it nearly always results in the parents' acceptance of dental treatment.

The following are tables of Inspections and of Dental Treatment found necessary per 100 Cornish children during this and past years.

	Cornish (Primary & Secondary)				
Dental Inspections.	1946	1945	1944	1943	1940
Children inspected ...	22,588	27,439	24,439	31,172	25,708
Children referred for treatment	66.5%	63.5%	72.4%	75.2%	75.4%
Children treated ...	57%	51.9%	48.6%	48.9%	no record
Permanent Teeth—Amount of work found necessary per 100 Children					
Extractions ...	15	19	27	47.3	15.7
Fillings ...	110	113	176.9	209.2	32.3
Other operations ...	66.9	122	198	70	no record
Temporary Teeth					
Extractions ...	86.6	79.5	27.	47.3	15.9
Fillings ...	27.2	11	11	7.5	1.7
Other operations ...	22	51	27.5	35	no record

The preceding tables illustrate that:—

1. The average rate of acceptance for treatment is gradually rising, but there is much room for improvement. The acceptance rate varies in different areas from an average of 48% to 72%, the average being 57%.
2. Although the average percentage of children needing dental treatment remains fairly constant, a very good improvement in the children's dental condition is taking place as a result of systematic treatment in the past; there is a decrease in the number of permanent fillings

and extractions and other operations, and an increase in temporary fillings.

Whilst everything is done to try and retain the temporary molars until as near the ages of 10 and 11 years as possible in order to promote a good jaw formation and regularity in the permanent dentition, the state of these temporary teeth when they are first seen, which at present is not until 5 or 6 years of age, frequently present such a condition of acute and chronic alveolar abscesses, that it is only possible to remove the sepsis which is likely to cause enlarged tonsils and cervical glands, by extractions. It is very noticeable how frequently tonsils will resume normal functioning after septic teeth have been removed, thus doing away with the necessity for the removal of the tonsils. Many of these temporary teeth have to be removed for the relief of pain.

During this year, of 5,444 inspected in the 5-6 year age groups, it was necessary to refer 2,235 for treatment.

It has been necessary during the year to remove large numbers of temporary molars, retained after the ages of 13 up to 17 years even, in order to prevent irregularities in the permanent dentition, and impaction of the permanent teeth because of bent roots. The majority of these retained temporary teeth generally appear perfectly sound, and their retention frequently is caused because too long a period has intervened between inspections, or for other reasons which can be remedied.

Central Clinics.

The quality of the Dental Service will be greatly improved now the principle has been accepted of carrying out treatment, wherever practicable, in central, permanent and well equipped clinics, and reducing as far as possible treatment carried out in those schools where too frequently the teaching staff are caused the greatest inconvenience, and where to put things mildly dental treatment cannot be

carried out under conditions of surgical cleanliness or asepsis.

It has always been found that as the quality of the Dental Service improves so the acceptance rate correspondingly increases.

Permanent central clinics of a high order already exist at Penzance and Falmouth.

As soon as premises and equipment become available it is hoped that at least one central permanently equipped clinic will be provided in each dental area. Fixed days of attendance at the Penzance, Falmouth and St. Austell clinics have been arranged to deal with emergency cases; it is hoped that this benefit may be extended, as clinic accommodation becomes available, to all the areas.

Schemes have been formulated, approved and put into operation during this year which now permit—

1. Dental extractions being carried out under General Anaesthesia. Each Dental Officer will in future be able to refer cases requiring multiple extractions, either because of oral sepsis, or to reduce irregularities of the teeth, to local Hospitals, where he can treat them under good conditions and have the anaesthetic administered by the Hospital anaesthetist, and nursing staff available, and should the necessity arise children may be retained for observation. This service has in past years only been available at the Penzance Hospital. Where suitable dental clinics exist, I arrange to visit and administer continuous nitrous oxide and oxygen anaesthesia for my colleagues, as we now possess suitable types of anaesthetic apparatus of the portable type. It is hoped that this most useful addition to the Service may be more fully utilised in the future. The majority of children given general anaesthetics during this year have been treated in our own clinics.

2. Treatment of irregularities and malocclusion of the teeth and jaws by orthodontic appliances of fixed and

removable types, and provision of dentures.

(a) The fixed type is constructed at County Hall and comprises building up stainless steel apparatus by electric welding; lack of suitable accommodation, and the fact that I have to do all this work at present has not yet permitted a lot of this type of treatment being undertaken.

(b) The removable types of appliances are constructed by a dental mechanic at his own laboratory at contract prices. Dentures have also been made available and are similarly constructed. Each Dental Officer submits his orthodontic or denture requirements, together with impressions of the jaws, etc., to County Hall; after registration and noting these are passed to the technician for completion. We have been fortunate in that the Eastman Dental Clinic at the Royal Free Hospital, London, have consented to act as Consultant Orthodontists to this County and so deal with our more difficult and perplexing cases. Models in plaster of each orthodontic case undertaken, before and after treatment, will be kept at Truro together with the apparatus used; when built up this will be of great use for future reference. Here again lack of space is a great handicap.

It is extremely helpful that Dental Officers have been allowed to attend refresher courses in this difficult subject, and in the more modern methods of dental treatment coming into use. When a sufficient amount of mechanical work of the foregoing nature is being carried out, it will be advisable to add a dental mechanic to the dental staff, and set up a dental laboratory in Truro, but here again the availability of premises will have to improve considerably; it has not yet been found possible to establish an urgently needed central clinic in Truro, also the office accommodation and the clerical assistance provided so far is of such a sketchy nature that it is not too helpful in working the County Dental Scheme.

3. As required by the Education Act, 1944, provision has been arranged for the emergency dental treatment by Private Practitioners of those children who have previously received treatment under the County's dental scheme, when the County's dental staff is not available, or there is not time to contact them.

The provision of the foregoing schemes will greatly enhance the value of the County's dental service. Over the short period they have been in operation parents have shown great appreciation of them.

Senior Dental Officer.

TABLE I.

Medical Inspections of Pupils attending Maintained Primary and Secondary Schools.

A. Routine Medical Inspections.

(1) No. of Inspections:—		
Entrants	...	3,074
Second Age Group	...	2,626
Third Age Group	...	2,003
Total	...	7,703
(2) No. of other Routine Inspections		2,255
GRAND TOTAL	...	9,958

B. Other Inspections.

No. of Special Inspections and Re-inspections ... 5,063.

TABLE II.

Classification of the Nutrition of Pupils inspected during the Year in the Routine Age Groups.

Number of pupils inspected.	A Excellent		B Normal		C Slightly sub-normal		D Bad	
	No.	%	No.	%	No.	%	No.	%
7,703	1,519	19.7	5,311	69.0	855	11.1	18	.21

TABLE III.

Group I. Treatment of Minor Ailments (excluding Uncleanliness).

Total number of Defects treated or under treatment during the year under the Authority's Scheme ... 2,727

Group II. Treatment of Defective Vision and Squint.

		Under the Authority's Scheme.
Errors of Refraction (including Squint)	...	1,629
Other Defect or disease of the eyes (excluding those in Group I)	...	25
Total	...	1,654

		Under the Authority's Scheme.
No. of Pupils for whom spectacles were—		
(a) Prescribed	...	1,203
(b) Obtained	...	1,002

Group III. Treatment of Defects of Nose and Throat.

		Under the Authority's Scheme.
Received Operative Treatment	...	324
Received Other Forms of Treatment	...	53
Total number treated	...	377

TABLE IV.

Dental Inspection and Treatment.

(1) Number of Pupils inspected by Dentist—			
(a) Routine Age Groups		...	22,288
(b) Specials		...	300
(c) Total Routine and Specials		...	22,588
(2) Number found to require treatment		...	15,074
(3) Number actually treated		...	8,613
(4) Attendances made by pupils for treatment		...	11,650
(5) Half-days devoted to—			
Inspection		...	311
Treatment		...	1,957
	Total	...	2,268
(6) Fillings—			
Permanent Teeth		...	9,474
Temporary Teeth		...	2,347
	Total	...	11,821

(7) Extractions—		
Permanent Teeth	...	1,298
Temporary Teeth	...	7,462
Total	...	8,760
(8) Administrations of general anaesthetics for extractions		79
(9) Other Operations—		
Permanent Teeth	...	5,765
Temporary Teeth	...	1,910
Total	...	7,675

TABLE V.

Verminous Conditions.

(i) Total number of examinations of pupils in the Schools by School Nurses or other authorised persons	...	226,374
(ii) Number of individual pupils found unclean	...	2,455

TABLE VI.

Return of defects found by Medical Inspection, 1946.

PERIODIC INSPECTION — SPECIAL

DEFECT OR DISEASE	Requiring Treatment	Requiring to be kept under observation but not requiring treatment	Requiring Treatment	Requiring to be kept under observation but not requiring treatment
I	II	III	IV	V
Skin				
Ringworm:				
Scalp ...	1	1	1	2
Body ...	3		1	
Scabies ...	66		57	3
Impetigo ...	17	1	21	1
Other Diseases (non T.B.) ...	25	11	13	1
Eyes				
Blepharitis ...	17	13	20	5
Conjunctivitis ...	7	2	3	
Keratitis ...	1			
Corneal Opacities ...	2	1	1	
Other conditions (vision and squint excluding defective) ...	11	2	1	2
Defective vision (excluding squint) ...	358	66	244	54
Squint ...	83	12	47	11
Ear				
Defective hearing ...	29	20	16	18
Otitis media ...	25	7	19	6
Other Ear diseases ...	6	4	6	11
Nose and Throat				
Chronic Tonsillitis only	36	44	27	33
Adenoids only ...	24	12	15	9
Chronic T's and A's ...	98	141	43	24
Other conditions ...	12	7	3	1
Heart and circulation				
Enlarged Cervical Glands (non T.B.) ...	6	42	3	17
Defective Speech ...	23	45	23	7
Heart Disease:				
Organic ...	10	79	4	45
Functional ...	1	45	3	52
Anaemia ...	9	11	7	8
Lungs				
Bronchitis ...	13	36	3	21
Other non T.B. Diseases ...	5	50	16	19
Tuberculosis				
Pulmonary:				
Definite ...	1	2	1	1
Suspected ...	5	9	2	2
Non-Pulmonary:				
Glands ...	6	2	2	7
Bones and Joints ...	1	9	3	10
Skin ...	1			
Other forms ...				2
Nervous System				
Epilepsy ...	4	11		11
Chorea and Rheumatism ...	5	25	5	17
Other conditions ...	17	8	3	5
Deformities				
Rickets ...	2	8		4
Spinal Curvature ...	48	18	22	5
Other Forms ...	256	18	53	16
Other Defects and Diseases (excluding uncleanliness and dental disease and malnutrition.) ...	68	42	36	25
TOTAL	1301	804	724	455